

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/18/03.

I. DISPUTE

Whether there should be reimbursement for a total of three (3) units of CPT code 97110 on date of service (DOS) 8/16/02. The explanation of benefits (EOB's) shows payment for one unit, and denied the remaining two units with 'N.' Per the table of disputed services, CPT code 97010 is listed, but shows \$0.00 due, therefore will not be mentioned further in this dispute.

II. RATIONALE

- The initial treatment and evaluation report dated 8/9/02 stated in part that the claimant was post right meniscectomy surgery on DOS 7/12/02. The plan of care (POC) included physical therapy three times a week for two weeks, to include, ROM, and flexibility activities, strengthening exercises, and modalities as needed, focusing on improving functional ability. The therapist notes and activity sheets (for this post-surgery therapy) were signed by the therapist, _____, MPT for all dates of service. The one-on-one therapy and documentation reflect these individual services as billed according to 413.016(b) of the Act.
- According to MFG - MGR (I)(A)(11)(a), the documentation submitted for review supports the level of service billed. Additional reimbursement recommended for the remaining two units of service. Amount due: (97110=\$35.00 x 2 units=) \$70.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 97110 x 2 units. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$70.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 22nd day of January 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl